

- 1 [Financial Statements](#)
- 2 [Compliance Audit](#)
- 3 [Completeness Checklist](#)
- 4 [Upload Attachments](#)
- 5 [Submit](#)

FSA Annual Submission SUBMIT

» Academy of Hair Design

• OPEID:03276300

Error(s):

- You have not corrected errors on the [Financial Statement](#), [Balance Sheet \(Proprietary\)](#), [Income Statement](#), [Cash Flow Statement](#), [Program and Audit Info](#), [Checklist](#), [Upload Attachments](#) page(s). Please go back and correct all errors prior to submitting to the Department of Education.

By selecting to submit, the information you have entered on these pages will be sent to the Department of Education for review.

Your submission must be prepared in accordance with 34 CFR 668.23, the FSA Audit Guide, or OMB Circular A-133. Once submitted, you will only have read access to this data.

REMINDER: OMB still requires submissions of A-133 reports (public and non-profit institutions) to the Federal Audit Clearinghouse.

By clicking the "Submit to ED" button below, I certify that I am the individual currently signed into this system on behalf of the institution, and that I am authorized to submit this information on behalf of the institution. I also certify that, to the best of my knowledge and belief, all information in this document is true and correct. I understand that if the institution provides false or misleading information, (a) the U.S. Department of Education may deny or seek to revoke the institution eligibility to participate in the federal student financial aid programs and (b) the institution may be liable for all federal student financial aid fund it or its students received. I also understand that I may be subject to a fine of not more than \$25,000 or imprisonment of not more than five years, or both, for misinformation that is material to receipt and stewardship of federal student aid funds.

By clicking the "Submit to ED" button below, I certify that I am not in default on a federal student loan or that I have made satisfactory arrangement to repay it.

Select the OPEID(s) you are submitting for:

Select All

☐

OPE_ID	NAME	LOCATOR
03276300	Academy of Hair Design	<input checked="" type="checkbox"/>
03277300	Academy of Hair Design	<input type="checkbox"/>

SELECT ALL OPTION

SUBMIT TO ED